PTO/SB/30 (09-06)

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Request	Application Number	10/632,736
for Continued Examination (RCE)	Filing Date	August 1, 2003
Transmittal	First Named Inventor	MELNIK, Yuri V.
Address to: Mail Stop RCE	Art Unit	1763
Commissioner for Patents P.O. Box 1450	Examiner Name	MOORE, Karla A.
Alexandria, VA 22313-1450	Attorney Docket Number	TDI-011-US3 (700623-3003)
This is a Request for Continued Examination (RCE) under 37 CFR 1.114 of the above-identified application. Request for Continued Examination (RCC) practice under 37 CFR 1.114 does not apply to any utility or plant application filed prior to June 8, 1985, or to any design application. See Instruction Sheet for RCEs not to be submitted to the USPTO) on page 2.		
1. Submission required under 37 CFR 1.11d] wher if the RCE is proper, any proviously filed unentered amendments and amendments endosed with the RCE will be entered in the order in which they were filed unless applicant instructs otherwise. If applicant does not wish to have any previously filed unentered amendment(s) entered, applicant must request non-entry of such amendment(s). Previously submitted. If a final Office action is outstanding, any amendments filed after the final Office action may be considered as a submission even if this box is not checked.		
Consider the arguments in the Appeal Brief or Reply Brief previously filed on Other Other		
b.	iii.	on Disclosure Statement (IDS)
Miscellaneous Suspension of action on the above-identified application is requested under 37 CFR 1.103(c) for a a		
The RGE fee under 37 CFR 1.17(e) is required by 37 CFR 1.114 when the RCE is filled. The Director is hereby authorized to charge the following fees, any underpayment of fees, or credit any overpayments, to Deposit Account No. 50-1105. I have enclosed a duplicate copy of this sheet.		
i. V RCE fee required under 37 CFR 1.17(e) ii. Extension of time fee (37 CFR 1.138 and 1.17) iii. Other		
b. Check in the amount of \$enclosed		
c. Payment by credit card (Form PTO-2038 enclosed)		
WARNING: information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.		
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT REQUIRED		
Signature A.D.	Da	
Name (Print/Type) Gary D. Lueck		5 00,101
CERTIFICATE OF MAILING OR TRANSMISSION		
I heatey cently that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to Mail Sign CRE, Commissioner for Patients, P.O. Box 1450, Alexandria, VA 22313-1450 or facesmile transmitted to the U.S. Patient and Trademark Office on the date shown policy.		
	I Date	12-February-2007
Name (Print/Type) Patricia J. English U	Date	[12-February-2007

This considers of refundation is required by DFR 1.14. The information is required to Dotton or retain a sender of refundation in the first of the USP 1.15 of the results of the results